

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		6/30
O.I.P.E. CLASSIFIER		16	7699
FORMALITY REVIEW	<i>[Signature]</i>	88518 685171	7/15/92 9/28/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/30/92
2	✓	✓	6/30/92
3	✓	✓	6/30/92
4	✓	✓	6/30/92
5	✓	✓	6/30/92
6	✓	✓	6/30/92
7	✓	✓	6/30/92
8	✓	✓	6/30/92
9	✓	✓	6/30/92
10	✓	✓	6/30/92
11	✓	✓	6/30/92
12	✓	✓	6/30/92
13	✓	✓	6/30/92
14	✓	✓	6/30/92
15	✓	✓	6/30/92
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26	✓	✓	6/30/92
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28	✓	✓	6/30/92
29	✓	✓	6/30/92
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47	✓	✓	6/30/92
48	✓	✓	6/30/92
49	✓	✓	6/30/92
50	✓	✓	6/30/92

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheets here

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